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FACSIMILE COVER SHEETTHIS MESSAGE HAS 8 PAGES INCLUDING THIS SHEETTO: Mail Stop Amendment - Commissioner for Patents - U.S. Patent OfficeFAX NO.: 571-273-8300FROM: Raymond R. Moser Jr.DATE: July 22, 2005MATTER: Serial No. 10/783,844 Filed: 2/20/04DOCKET NO.: SAR 14182AAPPLICANT: Mergens, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (sheets) informal
☒ Response to Office Action dated April 22, 2005

☐ Transmittal Letter (2 copies)
☐ Fee Transmittal (2 copies)
☐ Deposit Account Transaction
☒ Facsimile Transmission Certificate
dated July 22, 2005

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PTO/58/21 (08-04)


Approved for use through 07/31/2003. CMB 0651-0031

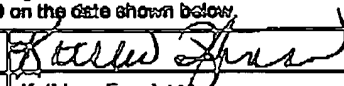
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/783,844
	Filing Date	2/20/04
	First Named Inventor	Margens
	Art Unit	2826
	Examiner Name	S. Wilson
Total Number of Pages in This Submission	Attorney Docket Number	SAR 14182A

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmittal
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